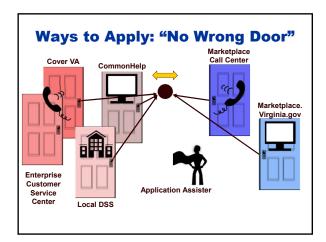




Ways to Apply: "No Wrong Door"

- There is one streamlined application for all of Virginia's Medicaid/FAMIS programs and Marketplace coverage.
- The application can be completed online, by phone, or on paper.
- If a person applies at one of Virginia's portals and is not eligible for Medicaid/FAMIS, the application will be automatically forwarded to the Health Insurance Marketplace to be evaluated for eligibility.

Sections 2 and 5





Apply by Phone at the Cover Virginia Call Center

(855) 242-8282

- Open 8am 7pm weekdays; 9am 12pm Saturdays.
- English/Spanish Customer Service Representatives (CSRs) and access to language line.
- Applicant completes the application with a CSR, and "signs" it by agreeing to Rights & Responsibilities and attesting that all information s/he provided is true.
 - The call is recorded.
 - Applicant gets an application Tracking Number ("T-Number").
 - Application date is date of telephonic signature.
 - Follow-up mail (including requests for additional documentation) comes from Cover Virginia.



Section 2

Apply by Phone at the Enterprise Customer Service Center (855) 635-4370

- Open 7am 6pm weekdays
- Accepts telephonic applications for multiple benefits:
 - Supplemental Nutrition Assistance Program (SNAP)
 - Temporary Assistance for Needy Families (TANF)
 - Energy Assistance Program (EAP)
 - Medical Assistance (MA)
- Presponds to basic inquiries about case status, or benefits
- Also handles calls from custodial and non-custodial parents needing information from the Division of Child Support Enforcement at 1-800-468-8894.

Apply Online with CommonHelp a partnership with the W Virginia Department of Social Services

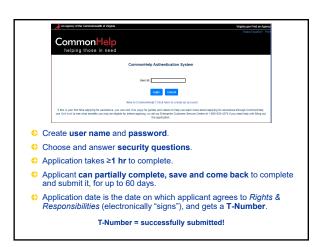
- https://commonhelp.virginia.gov/
- Available 24/7
- Offers the option to apply for "Health Care Benefits" only, or for "All Benefit Programs" simultaneously
 - "Health Care only" includes Medicaid (including the New Health Coverage for Adults), FAMIS Plus, FAMIS, FAMIS MOMS, LIFC, and Plan First.
 - "All Benefit Programs" includes SNAP, TANF, energy assistance, and/or child care subsidies in addition to Medicaid/FAMIS coverage.

Section 2

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Apply Online with CommonHelp "Health Care Only" applications submitted via CommonHelp are processed by the Cover Virginia Central Processing Unit, unless applicant has an open SNAP/TANF case. If additional information is needed to process the application, Cover Virginia will send a request for verifications. Once a determination is made, Cover Virginia will send a Notice of Action (approval or denial). An applicant can also manage his/her case via CommonHelp - Associate my Case: Links CommonHelp account with existing case (Note: Very helpful to have Case ID to link). Report My Changes: address, income, person moving in or out of the household, etc. Renew My Coverage: Allows applicant to complete annual renewal online.



NEW! Virginia's Insurance Marketplace Ont Sarred Financial Savings Ont Answers Partners Employers Ont Covered Insurance Insur

Apply via the Marketplace Telephonic and online options Via telephone at 888-687-1501 (TTY: 711), Monday – Friday 8AM to 5PM Online at marketplace virginia.gov The Marketplace may be able to determine if an applicant is eligible for Medicaid/FAMIS or Marketplace coverage. An application that requires additional verifications will be forwarded from the Marketplace to the Cover Virginia CPU for follow-up and processing, unless the applicant has an open SNAP/TANF case (then application goes to local DSS).

Apply with the Paper Application • Let's take a look at the paper application. • It has: - 6 Steps, - 6 Appendixes, and a - Supplement that needs to be completed if there are more than 2 household members. • The paper application can be mailed or dropped off at local DSS in the locality where an applicant lives.



How to Order Paper Applications

- 1. Go to coverva.dmas.virginia.gov/
- 2. Hover over <u>Partners</u> in the top menu, and select <u>Materials</u>
- 3. Scroll down to the Application for Health Coverage & Help Paying Costs and click on "Order Online"
- 4. An online order form will result.

You can order 100 copies of the *Application* and 200 copies of the *Additional Person Application Supplement* at a time. Copies of Appendixes D, E, and F are also available to order.

Items are shipped to you free of charge in a couple of weeks.

We need one adult in	the family to be the contact	person for vo	ur application.)		
1. First name	Middle name	. ,	Last name		Suffix
2. Home address (Leave	blank if you don't have one.)				3. Apartment or suite number
4. City		5. State	6. ZIP code	7. Cour	l
B. Mailing address (if dit	ferent from home address)				9. Apartment or suite number
10. City		11. State	12. ZIP code	13. Cou	nty
14. Phone number () () () () () () () () () ()	he best way to contact you abou	it this applicatio	15. Other phone number () and your health coverage	- I e if you're el	gible. Do you want to read
	Yes. I want to read the no	tices online. (If	selected, continue to the n	ext question)
	☐ No. I want to get paper no	otices sent to m	e in the mail.		
b. You'll be contacted	when a notice is ready for you. I	How can we cor	ntact you?		
(Choose one)	Cell phone number				
(Choose one)	Email address				
Vou can change your p	otices and communication prefe	rences at any t	me.		

Ston 2 Boros	n 4 Ours	tions 4 G
Step 2, Perso	n 1, Ques	tions 1-6
	•	
STEP 2: PERSON 1 (Start w	ith yourself)	
Complete Step 2 for yourself, your spouse and children (inclu		for anyone on your rame federal income
tax return if you file one. Include both parents living in the ho	ome (for a child under 21). See page 1 for r	
If you don't file a tax return, remember to still add family me	mbers who live with you.	
First name Middle name	Last name	Suffix
1a. Are you? ☐ Single ☐ Married		
3. Date of birth (mm/dd/yyyy)	4. Sex	2. Relationship to you?
	☐ Male ☐ Female	SELF
We need this if you want health coverage and have an St helpful since it can speed up the application process. We use health coverage costs. For help getting an SSN, call 1-800-77.	SSNs to check income and other informa	ition to see who's eligible for help with
 Do you plan to file a federal income tax return NEXT Y (You can still apply for health insurance even if you don't feel.) 		
YES. If yes, please answer questions a-c.	NO. If no, skip to question c.	
a. Will you file jointly with a spouse? Yes No If ye	s, name of spouse:	
b. Will you claim any dependents on your tax return?	es 🗌 No	
If yes, list name(s) of dependents:		
If yes, list name(s) of dependents: c. Will you be claimed as a dependent on someone's tax i	return? Yes No	
		ne tax filer?



Step 2, Person 1, Questions 7-8	
7. Are you pregnant or were you pregnant in the last 12 months? a. If yes, how many bables are/were expected during pregnancy? Expected/actual due date:	
8. Do you need health coverage? (Fiven if you have Medicare or other insurance, there might be a program with better coverage or lower costs.) If No. Sidp to the Incincen questions no page 3 and leave the rest of this page blank. YES, If yes, answer of the questions below.	
☐ Yes ☐ No You will be evaluated for Plan First unless you check NO.	
]
Step 2, Person 1, Question 9	
Do you need help with everyday things like bathing, directing, walking or using the bathroom to live safety in your home? Of	
 Do you need help with nevyday things like bathing, dressing, walking or using the bathroom to live safely in your home? Of Has a doctor or unstee bidy out way on buy an application stability for long term disease, mental or emotional illness, or addiction problem? Yes ☐ No ☐ if you are 65 or older Of have Medicare, please complete Appendix D. If you answered yes to question 9 and are between the ages of 19-64, and do not have Medicare, but need long term services and supports, please complete Appendix D. 	
This question was adjusted with the onset of Medicaid	
Expansion. It is a screening question, not for eligibility into the program, but rather to see if someone is considered	
medically complex.	
Step 2, Person 1, Questions 10-12	
These are the questions regarding if a person is a US Citizen/National or a legal immigrant.	
10. Are you a U.S. citizen or U.S. national Yes No	
11. Are you a naturalized or derived citizen? (This usually means you were born outside the U.S.) — Yes. If yes, complete a and be below them 500 Pto question 13. — (No. of This, continue to question 12. — a. Allen number: ————————————————————————————————————	
a. Immigration document type:b. Document ID number c. Have you light in the U.S. since 1998?	
Section 2	



Step 2, Person 1, Questions 13-16 13. Do you live with at least one child under the age of 19, and are you the main person taking care of this child? Ves No 14. Are you incurrenated detained or jailed? Response approach Ves No If ves Rederal State (DOC or DI) Clocal/Regional 15. Are you a full-time student? Ves No 16. Were you in foster care at age 18 or older? The No If yes, in which state The next questions screen for a series of different programs: 13. and 15 for LIFC 14. for Medicaid, but if currently incarcerated and approved for coverage, only inpatient hospital services can be accessed. 16. for coverage for former foster care youth through age 25

Step 2, Person 1, Questions 29-31 29. Doyou want lelp paying for medical bills from the last 3 months? | the last 4 months? | the last

	C4 C	D	•
	Step 4	2. Person	4
STEP 2: PER		ore than two people to include, co pplement forms as you need.	mplete as many Additional Person
tax return if you file one. In		ne (for a child under 21). See page 1 for i	for anyone on your same federal income more information about who to include.
1. First name	Middle name	Last name	Suffix
1a. Is PERSON 2? Sin	gle Married		
2. Date of birth (mm/dd/yy	yy)	3. Sex	4. Relationship to you?
		Male Female	
5. Social Security number (ed this if you want health coverage for	PERSON 2 and PERSON 2 Ras an SSN.
 Does PERSON 2 live at t If no. list address: 	he same address as you? 🔲 Yes	□ No ⊃	
All the sar	ne questions a	s Person 1 with:	2 additional
questions			
		la vavi O Daraan O ah	auld indicate the
	ship to person one	to you? Person 2 sh	ould indicate the
 Question 	n 6: Does Person	2 live at the same a	ddress as person1?
f more the	an 2 family me	mbers, an Addition	onal Person
		t Form should be	
each fami	ly member.		
22.211 10.111	.,		Section 2



STEP 4 Your Family's Health	1 Coverage
Answer these questions for anyone who needs health cove	rage.
 Is anyone enrolled in health coverage now from the followi YES. If yes, check the type of coverage and write the person(s)' 	
Medicaid	Employer insurance
FAMIS	
Plan First	Policy number:
☐ Medicare	Is this COBRA coverage? ☐ Yes ☐ No Is this a retiree health plan? ☐ Yes ☐ No
TRICARE (Don't check if you have direct care or Line of Duty)	Other Name of health insurance:
Veterans Administration health care programs	Policy number: Is this a limited-benefit plan (like a school accident policy)?
Peace Corps	— □Yes □No
☐ Federal Health Insurance Marketplace	
Federal Health Insurance Marketpiace	

Step 5: Read & Sign This Application (Rights & Responsibilities)

databases from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security, and/or a consumer reporting agency. If the information doesn't match, we may ask you to send us proof.]
 I understand that Medicaid and DMAS contractors may exchange information relating to my coverage with LOSS to assist with application, empliment, administration, and billing services.
 I have permission from everyone whose information is on this form to submit their information to Virginia Medicaid and to receive any communications about their eligibility and enrollment.
 I understand that guidance and procedures used to determine eligibility can be found within the Medical Assistance Eighbilty Manual, which can be located at https://www.dmas.virgima.gov/fer.applicants//eligibility.epubs.ac/
 I understand that if I do not qualify for health coverage, my local Department of Social Services may send my information to the Health Insurance Marketplace (<u>nanochealthcare.gog</u>) to see if I qualify.
If anyone on this application is eligible for Medicaid
 Linow that, I must tell my local Department of Social Services II sharphing changes and is different from what wards on this form within 50 days, I can call 146-56-34-2822 (TT 1-680-221-5500), control or visit my local agency, or visit Commonifolds Virginia gave to report any changes. A change in my information might affect whether sceneroe in my beautiful qualifies for coverage.
 I understand that for individuals enrolled in managed care, a premium is gold each month to the MCO both person's coverage. If the child or preparat woman in role eligible for FMMS, FMMS That, FMMS MCMS, Medicial decease it did not opport trutible in fermation in felled in pegant required charges in my familysis are income, i may have for report the monthly premiums gold to the MCO. I may have to regay these premiums even if no medical services were necessed during those monthly.
• The inferentiation provided on this agginization, including your polision is excellently, all this hadward with local frequentment of color works; (IIII) and in the longing care of longitudes onlying, interested to recommend the color of the color
 Independed that DMASS has the recognishabity to incover recovery from the estate of a Medical receiver age 55 and one. Forevery may take place only after the desired for the surviving spaces and only if there are no children who are blind, disabled, or under the age of 22. The dependents or heirs of an estate can also drain as selete handly lay an extern receiving significant efficiency or expensed origin; the recovery process, if a handling is granted, DMAS may valve part of all of the recovery, and if denied, the individual is granted an opportunity to appear the decision.
 I am giving to the Medicaid agency our rights to pursue and get any money from other health insurance, legal settlements, or other third parties. I am also giving to the Medicaid agency rights to pursue and get

medical support from a spouse or purest.

MEDICAL PRINTING PRINTIN

four rights and responsibilities: Review the information below and sign the application.

- I understand that I am authorizing the local Department of Social Service (LUSS) and the Department of Medical Austrace Services (DMAS) to obtain verification/information necessary to determine my eligibility.

STEP 5 Read & sign this application.



Step 5: Part 2 Rights & Responsibilities Listing

f anyone on this application is eligible for Medicaid

I know that I must tell my local Department of Social Services if anything changes and is different from what
wrote on this form within I days. I can call 1455-2424-828 (ITY 1-1882-21-1599), contact or visit my local
agency, or visit CommonHelp Virginia gov to report any changes. A change in my information might affect
whether someone in my horsehold insulfier for rowerage.

 I know that I must tell my local Department of Social Services if anything changes and is different from what I wrote on this form within 10 days. I can call 1-855-242-8282, contact or visit my local agency, or visit commonhelp.virginia.gov to report any changes. A change in my information might affect whether someone in my household qualifies for coverage.

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- ♠ A* Health Coverage from Jobs
- ₱ B* American Indian or Alaska Native Family Member
- C* Assistance with Completing this Application
- D Aged (65+); Blind/Disabled; in need of Long Term Care Services (Children 0-18 and adults 65+)
- F Nursing Facility or Community-Based Care (age19-64, not eligible for or enrolled in Medicare)

*Appendices A, B, and C are part of the Application booklet. Others can ordered/downloaded from the CoverVA website.

Appendix C – Assistance with Completing this Application

- The top section is for an applicant to designate someone else to act on his/her behalf with regard to this application and ultimate enrollment into Medicaid or FAMIS.
- The middle section is the section that most "helper agencies" will complete to get permission to follow up on the application with the entity processing it.
- Bottom section is for Certified Application Counselors, Navigators, and insurance brokers who assist with applications

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There are several different groups that offer **in-person** application assistance:

- Project Connect Outreach Workers: Northern Virginia, Richmond, Tidewater, Southside, Roanoke, Far Southwest
- Navigators & Certified Application Counselors (CACs): Statewide; specially-trained to help with Marketplace applications, and can also help with Medicaid/FAMIS applications
 - https://coverva.dmas.virginia.gov/apply/find-help-in-your-area/

Who Can Sign an Application?

For an Adult

- Applicant him/herself, or applicant's spouse
- Legal guardian, conservator, or attorney-in-fact
- Any adult authorized by the applicant (documentation required)

For a Child

- Parent or legal guardian
- Any related adult with whom the child lives (documentation is not required).
- Ocurt-emancipated minor or 18-year-old can sign own application
- Any adult authorized by the child's parent or legal guardian (documentation required).

...and...

Section 2

Acknowledgement of Receipt of Verbal Consent Form

Developed to allow for "no-touch" applications

- Client gives consent, and application assister completes and signs application on client's behalf.
- Available in English and Spanish at: https://coverva.dmas.virginia.gov/return-to-normal-enrollment/
- Ocan be used regardless of application method
 - Paper application
 - By phone through Cover Virginia call center
 - Online via CommonHelp
- While this resource was developed due to the pandemic, Virginia has applied to allow it to continue to be used.

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Federal Data "Hub"

- Information supplied on all applications will be compared to data stored in a Federal Data Hub ("the Hub").
- If Hub data does not match what is on an application, LDSS/CPU will ask an applicant to provide documents to verify what is on the application



Section 2

How Long Does it Take to Process an Application?



- Maximum 45-calendar-day processing time for most applicants
- Maximum 7-day processing time for pregnant individuals (including teens)
 - An incomplete application will "pend" for up to 45 days
 - Can request additional time to secure certain documents, like immigration paperwork, that take time to obtain
- "Real-Time" approval is possible via online application methods (healthcare.gov or CommonHelp) if information on an application matches the Hub.

Section 2

Where Are Applications Reviewed? **Application Method** Processed By Exception(s) Online via CommonHelp If applicant has an existing SNAP or TANF case, or applied for "All Benefit Programs," app goes to local DSS. Cover Virginia CPU by phone with Cover Virginia Call Center Online at If applicant *looks* eligible for Medicaid/FAMIS program, but more information is needed, app goes to Cover Virginia CPU. marketplace.virginia. Virginia's Insurance gov, or by phone with VIM call center If ineligible, LDSS will send applicant a letter letting him/her know the app has been sent to the Marketplace. Local DSS **Cover Virginia** Cover Virginia Incarcerated Unit Incarcerated Unit



What if the Case	IS DENIED ?	
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- The applicant will get a Notice of Action from the state showing:
 Reason for the denial, with a code section citation from the Medicaid manual.
- If the applicant doesn't agree/understand and if fewer than 10 business days have passed since the Notice of Action, s/he should contact the LDSS/Cover Virginia and ask to speak to the worker who denied the case and/or a supervisor. If an error is discovered, case decision can be revised on the spot.
- Applicant has the right to Appeal (written form submitted to DMAS) within 35 days of the Notice of Action.

The appeal process has been modified to increase flexibility. Individuals/families keep coverage while appeal is pending and can have hearings by phone.

Section 2